

ADDRESS CHANGE FORM

217204

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 6/10/2009Please consider this my request for an **Address Change** of the following certificate:

- ☐ Class C Taxi Certificate Number 8101
- ☐ Class C Charter Certificate Number _____
- ☐ Class C Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____
- ☐ Class E Household Goods Certificate Number _____
- ☐ Class E Hazardous Wastes Certificate Number _____

Swamp Fox Taxi Service, LLC

Name of Company (Include DBA if applicable)

I am changing my: ☐ Street Address ☐ Mailing Address ☒ Both610 N Tom Gasque Ave. Marion, SC 29571

New Street Address

City, State, Zip Code for Street Address

610 N Tom Gasque Ave

New Mailing Address

Marion, SC 29571

City, State, Zip Code for Mailing Address

843-495-7174

Telephone Number

Kenya Miller / Swamp Fox

Signature

CEOPresident

Title (President, Owner, etc.)

RECEIVED